

MONTANA District # JUDICIAL DISTRICT YOUTH COURT,
District # COUNTY

<p>In the Matter Of</p> <p>MONTANA DEPT. OF CORRECTIONS,</p> <p style="text-align: center;">Petitioner,</p> <p>and</p> <p>Respondent(s) Name,</p> <p style="text-align: center;">Respondent(s).</p>	<p>CAUSE NO. Cause #</p> <p style="text-align: center;">ENTRY OF DEFAULT</p>
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The Default of the Respondents is hereby entered on this [Click here to enter text](#) day of [Click here to enter a date](#), for their failure to appear or answer the Petition for Cost-of-Care Contribution within the time allowed by law or at all.

Clerk of Court

By: _____
Deputy Clerk

In the matter of Respondent(s) Name
Entry of Default

Cause No. Cause #

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cc: Click here to enter text.

Street

City, State, Zip Code

RPA's Name Regional Program Administrator

Mailing Address

City, MT Zip